mailed validation

Application for License to Operate a Long-term Care Facility For Office Use Only Received 10 · 4 · 11 Amount 4 150 ·

1098384

	IDENTIFICATION						
	Name _	Hopkins Care and Rehabilita	ation Center RECENT				
	Address	460 South College Street	Office RECEIV				
	City/County/Zip	Woodburn / Warren / 42170	OFFICE 4 2011				
	Telephone number	270-529-2853/ 2870ADM01@sur	oh.com				
	Administrator	Stephanie Dye	GLNE!				
	Date facility operatio	Date facility operation began at current address <u>unknown</u>					
	• •	Date facility began operation under current owner . 10/1/2006					
1.	TYPE BEDS	No. beds licensed	No. beds requested				
1.	Skilled	No. beds licerised	No. pods requested				
	Nursing Home	Borganskin from 1944-1944-1944 de de maria	4.00497				
	Nursing Facility	50					
	Intermediate Care						
	ICF/MR						
	Personal Care						
1.	CONTROL (chec	k one in each column)					
×	State County City Private	□ Profit Nonprofit	Individual Partnership Corporation L.L.C.				
1.	OWNERSHIP						
	Name and address of individual owner, partners or corporation. If partnership, list partners. HBR Woodburn, L.L.C.						
	101 Sun Avenue, N.E.						
	Albuquerqu	Albuquerque, NM 87109					

(OVER)

If facility owned or leased by a corporation, complete the following:

	,	,				•		
	Name of corporation	HBR	Wood	dburn,	L.L.C.			
	Address of corporation	101	Sun	Avenue	, N.E.,	Albuquerque	, NM	87109
	President or Chairman	Tho	mas l	B. Embe	rton			
	Vice President	Vac	ant			. <u>.</u> .		
	Secretary	Mic	hael	T. Ber	g			-
	Treasurer	Bra	ndi 1	Riddle				
	Attach a separate sheet listing the names and addresses of each person having at leas a twenty-five (25) percent ownership interest in the facility. **PLEASE SEE ATTACHMENT A.** If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. **PLEASE SEE ATTACHMENT A.** If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. **N/A.** Name and address of parent corporation and/or management company, if applicable.					ses of ses of		
	Parent Management Company							
	HBR Kentucky, L.L.C	•						
	101 Sun Avenue, N.E	<u>. </u>						
	Albuquerque, NM 871	09		_		101100		
to the that the surveil completalsific	orstand that any change in Office of Inspector General is facility and all aspects llance by all state agency eting this application is a ation of this application care. Glynis Malcolm cure of authorized represent	l and a of its o	new a perati re pe to tl	ipplication on shall ersonnel. he best	will be obe open I certify of my keecation of	completed at that at all times to i that the inform nowledge and i	t time. nspec ation	I agree ation and given in

Return Application and fee to:

Office of Inspector General 275 East Main Street, 5E-A Frankfort, Kentucky 40621

> OIG 5 (10/2002)

ATTACHMENT A HBR WOODBURN, L.L.C.

Ownership Information

OWNER	OWNER ADDRESS	OWNERSHIP INTEREST		
	101 Sun Avenue, N.E.	100% Ownership Interest in Hopkins Care		
HBR Woodburn, L.L.C.	Albuquerque, NM 87109	and Rehabilitation Center		

Officers of HBR WOODBURN, L.L.C.

NAME	ADDRESS/PHONE	TITLE	PERCENT OWN
Thomas B. Emberton	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	President	0%
Vacant	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Vice President	0%
Brandi Riddle	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Treasurer	0%
Debbie McLarty	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Vice President - Reimbursement	0%
Pamela Meyer	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Assistant Treasurer	0%
Michael T. Berg	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Secretary	0%
Glynis Malcolm	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Assistant Secretary	0%

As a Limited Liability Company, HBR Woodburn, L.L.C. does not have a Board of Directors.